

CERTIFICATE OF OCCUPANCY

CITY OF WAVELAND

that at the time of issuance, this structure was in compliance with the various ordinances of the City of Waveland regulating building construction or use. This Certificate is issued pursuant to the requirements of the 2012 International Codes Council certifying

Certificate #:1800187

Issued to: SUMRALL DOYLE

Building Address: 103 MOLLERE DR

City, State, Zip: WAVELAND, MS 39576

Issued Date: 11-20-2018 Expires: End of occupancy

Occupancy Type: R1 SINGLE FAMILY RESIDENTIAL

Sprinkler System Required: NO

Special Conditions: NONE

Building Official

81.02.11

ate



NON-CONVERSION AGREEMENT

with

CITY OF WAVELAND, MISSISSIPPI

This DECLARATION made this 31 day of October 20 18. By Doyle F. and Mary Ellen Sumrall (OWNER) having an address at 103 Mollere Drive. WITNESSETH: WHEREAS, the Owner is the record owner of all that real property located at 103 Mollere Drive. In the City of Waysland MS in the Court of Honor Indian and Topic and
WITNESSETH: WHEREAS, the Owner is the record owner of all that real property located at
WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants, conditions and restrictions are placed on the affected property as a condition of granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors, future owners, and assigns.
UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:
1. The structure or part thereof to which these conditions apply is:
2. At this site, the Base Flood Elevation is feet above mean sea level, National Geodetic Vertical Datum.
3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or plumbing devices shall not be installed below the Base Flood Elevation.
4. The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.
5. The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase the cost for flood insurance.
6. A duly appointed representative of the City is authorized to enter the property for the purpose of inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be conducted upon due notice to the Owner and no more frequently than once each year. More frequent inspections may be conducted if an annual inspection discovers a violation of the Permit.
7. Other conditions:
In witness whereof the undersigned set their hands and seals this day of Coto Ler 20 18 Noyle F. ShmRALL Mary Ellen Sumrall (Print) MIRANDA J. HAMILTON MIRANDA J. HAMILTON
OWNER (Signature) Commission Expires WITNESS

WITNESS

WAVELAND

FLOODPLAIN VENTING AFFIDAVIT City of Waveland

I hereby acknowledge that Doyle	F. and Mary Ellen Sumrall
is issuing an Occupancy Certificate for the	property known as:
103 Moller	e Drive
,	# 1800187
a final inspection performed. At the time of space access doors used to meet the flood would allow the automatic entry and exit of designed to meet this requirement must be elimination or alteration of the openings in a automatic entry and exit of flood waters would ordinance. Violations may incur civil penaltic acknowledge that alteration of the vents coupersonal safety in the event of a flood. Floor	floodwaters. I acknowledge that all openings maintained as flood vents, and that the any way that would no longer allow the all violate the Flood Damage Prevention les and possible court action. In addition, I all dresult in greater risk to my property and
As witness the hand and seal of the	owner of the subject property this
31st day of October	3018
	Doyle F. SumRALL MARY Eller SumRALL
Moranda Homelston	MARY Ellen SumRACC
WITNESS ID # 123581	OWNER (please print)
MIRANDA J. HAMILTON	meall.
Commission Expires April 4, 2022	May Celi Small
TOE CONTRACT	OWNER'S SIGNATURE



NON-CONVERSION AGREEMENT

with

CITY OF WAVELAND, MISSISSIPPI

This DECLARATION made this 31 day of October 20 18 By Doyle F. and Mary Ellen Sumrall (OWNER) having an address at 103 Mollere Drive.
WITNESSETH: WHEREAS, the Owner is the record owner of all that real property located at 103 Mollere Drive In the City of Waveland, MS, in the County of Hancock, designated in the Tax Records as 2 Ward Waveland Lot 23 D, E, where Where Management Ordinance with the requirements of Article No. 5, Section "B" paragraph 5 of Waveland Floodplain Management Ordinance of Number 342 and under Permit Number 1800187.
WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants, conditions and restrictions are placed on the affected property as a condition of granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors, future owners, and assigns.
UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:
1. The structure or part thereof to which these conditions apply is:
2. At this site, the Base Flood Elevation is feet above mean sea level, National Geodetic Vertical Datum.
 Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or plumbing devices shall not be installed below the Base Flood Elevation.
 The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.
 The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase the cost for flood insurance.
6. A duly appointed representative of the City is authorized to enter the property for the purpose of inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be conducted upon due notice to the Owner and no more frequently than once each year. More frequent inspections may be conducted if an annual inspection discovers a violation of the Permit.
7. Other conditions:
In witness whereof the undersigned set their hands and seals this day of Other 20 18 Doyle F. Shmkall Mary Ellen Sumrall (Print) MIRANDA J. HAMILTON OWNER OWNER (Signature) Commission Expires April 1, 2022 WITNESS



CITY OF WAVELAND 301 COLEMAN AVENUE WAVELAND, MS 39576 228-466-2549

PILING AFFIDAVIT

PERMIT#
JOB SITE ADDRESS 103 Mollere Dr. Waveland, MS.
PILING CONTRACTOR CAMULLE CONSTRUCTION LIC
PILING CONTRACTOR Lamulle Construction, LLC ADDRESS 4978 Portchortrain Dr. Slidell, A
PHONE# 985-646-2028 CELL#
ENGINEER OF RECORD
ADDRESS
PHONE NUMBERCELL#
PHONE NUMBER CELL#_ NUMBER OF PILES DRIVEN CLASS OF PILES DRIVEN 5 LENGTH OF PILE 20 /
DID PILES REACH REFUSALATES INO
WHAT TYPE OF HAMMER WAS USED TO REACH REFUSAL? DROP PAIR VIBRATORY
IF YES WAS ENGINNER CONTACTED? TYES TO NO
APPROXIMATE LENGTH DRIVEN 30 WERE ANY OF THE PILES PRECUT? TYES 100
(WE) CERTIFY THE PILES ON THE ABOVE REFERENCED PROJECT WERE FURNISHED AND DRIVEN ACCORDANCE WITH THE INTERNATIONAL RESIDENTIAL CODE 2012/INTERNATIONAL BUILDING ODE 2012 EDITION.
REPRESENTATIVE 4/20/18 DATE

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008

Expiration Date: November 30, 2018



Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

/ 1	SECT	ION A - PROPERTY	NFOR	MATION		FOR INSUF	RANCE COMPANY USE
A1. Building Owne DOYLE & MARY E		ALL				Policy Num	ber:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 103 MOLLERE DRIVE						AIC Number:	
City WAVELAND				State Mississippi	•	ZIP Code 39576	
A3. Property Description TAX PARCEL # (16		nd Block Numbers, Tax .000)	Parce	Number, Legal De	scription, etc.)		
A4. Building Use (A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Longit	ude: Lat. N	30-17-13 L	ong. V	/ 89-21-56	Horizontal Datun	n: NAD 1	927 X NAD 1983
		ns of the building if the				ance.	
A7. Building Diagra	ım Number	5					
A8. For a building \	- with a crawlsp	pace or enclosure(s):					
a) Square foot	age of crawls	space or enclosure(s)		sq ft			
b) Number of p	permanent flo	od openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gra	ade
c) Total net are	ea of flood op	enings in A8.b	s	q in			
d) Engineered	flood opening	gs? Yes No)				
A9. For a building v	vith an attach	ed garage:					
a) Square foot	age of attach	ed garage		sq ft			
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade							
c) Total net area of flood openings in A9.b sq in							
d) Engineered flood openings?							
a) Engineered nood openings: res NO							
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION							
B1. NFIP Communi WAVELAND 28526	NO.	ommunity Number		B2. County Name HANCOCK			B3. State Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E:	IRM Panel ffective/ evised Date	B8. Flood Zone(s	(Zoi	se Flood Elevation(s) ne AO, use Base od Depth)
28045C-0361	D	10/16/2009		/2009	AE	FIOC	20
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: [FIS Profile FIRM Community Determined Other/Source:							
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:							
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No							
Designation D	ate:		BRS	☐ OPA			
589				and the second			

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P. 103 MOLLERE DRIVE	Policy Number:						
City State	Company NAIC Number						
WAVELAND Mississippi	39576						
SECTION C – BUILDING ELEVATION INFO	RMATION (SURVEY R	EQUIRED)					
*A new Elevation Certificate will be required when construction of the	578 HF/0						
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: USM NETWORK Vertical Datum: NAVD 1988							
Indicate elevation datum used for the elevations in items a) through							
□ NGVD 1929 □ NAVD 1988 □ Other/Source:	n) below.						
Datum used for building elevations must be the same as that used for	or the BFE.						
		Check the measurement used.					
 Top of bottom floor (including basement, crawlspace, or enclosure) 	80	X feet meters					
b) Top of the next higher floor	N/A						
c) Bottom of the lowest horizontal structural member (V Zones only)		X feet meters					
d) Attached garage (top of slab)	N/A	X feet					
 e) Lowest elevation of machinery or equipment servicing the buildin (Describe type of equipment and location in Comments) 	g <u>N/A</u>	X feet					
f) Lowest adjacent (finished) grade next to building (LAG)	13. 1	X feet					
g) Highest adjacent (finished) grade next to building (HAG)	13. 3	X feet meters					
 h) Lowest adjacent grade at lowest elevation of deck or stairs, inclustructural support 	dingN/A	X feet meters					
SECTION D – SURVEYOR, ENGINEER, C	R ARCHITECT CERTIF	ICATION					
This certification is to be signed and sealed by a land surveyor, engineer I certify that the information on this Certificate represents my best efforts statement may be punishable by fine or imprisonment under 18 U.S. Coo	to interpret the data availa	y law to certify elevation information. able. I understand that any false					
Were latitude and longitude in Section A provided by a licensed land surv	Si contraction of the contractio	Check here if attachments.					
Certifier's Name License Numb DUKE LEVY 01722	per						
Title SURVEYOR		DUKE LEVI					
Company Name DUKE LEVY & ASSOCIATES	B	Place Seal Seal Prereta					
Address 1711 WAVELAND AVE		US. 1722					
City State WAVELAND Mississippi	ZIP Code 39576	FOF MISSIS					
Signature Date 03/27/2018	Telephone (228) 467-5212						
Copy all pages of this Elevation Certificate and all attachments for (1) comm	unity official, (2) insurance	agent/company, and (3) building owner.					
Comments (including type of equipment and location, per C2(e), if application with the service of the service o		TING CONCRETE DRIVE AT EL =					

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

FENAN Farm 000 0 22 /7/45)

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official (2) insurance agent/company, and (3) building owner

	SEC	CTION A - PROPERT	Y INFO	RMATION		FOR INSI	JRANCE COMPANY US
A1. Building Owner's Name DOYLE & MARY ELLEN SUMRALL						Policy Nu	
A2. Building Stree Box No. 103 MOLLERE DF							
City				State		ZIP Code	
WAVELAND				Mississippi		39576	
TAX PARCEL # (1		and Block Numbers, Ta 8.000)	ax Parc	el Number, Legal D	escription, etc.)		
		ntial, Non-Residential,			RESIDENTIAL		
A5. Latitude/Longi	tude: Lat. N	I 30-17-13	Long.	W 89-21-56	Horizontal Datum	n: NAD	1927 X NAD 1983
A6. Attach at least	2 photograp	hs of the building if the	e Certifi	cate is being used	to obtain flood insura	ince.	
A7. Building Diagra	am Number	5					
A8. For a building	with a crawls	pace or enclosure(s):					
a) Square foo	tage of crawl	space or enclosure(s)		0 sq ft			
b) Number of	permanent fl	ood openings in the cr	awlspa	ce or enclosure(s) v	vithin 1.0 foot above	adjacent gi	rade 0
c) Total net are	ea of flood op	penings in A8.b	0	sq in			
d) Engineered	flood openin	igs? 🗌 Yes 🔲 N	lo				
A9. For a building w	vith an attach	ned garage:					
a) Square foot	age of attach	ned garage 0		sq ft			
b) Number of p	ermanent flo	ood openings in the att	ached	garage within 1.0 fo	ot above adiacent gr	ade	0
		enings in A9,b			,		
d) Engineered							
.,		g					
	SE	CTION B - FLOOD IN	NSURA	NCE RATE MAP	(FIRM) INFORMAT	ION	
B1. NFIP Communit		ommunity Number		B2. County Name HANCOCK			B3. State Mississippi
WAVELAND 285262	-						
34. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Ef Re	RM Panel fective/ evised Date	B8. Flood Zone(s)	(Zor	e Flood Elevation(s) ne AO, use Base d Depth)
34. Map/Panel			Ef	fective/ evised Date	B8. Flood Zone(s)	(Zor	ne AO, use Base
44. Map/Panel Number 8045C-0361 B10. Indicate the so	B5. Suffix D urce of the B	Date	Ef Re 10/16/ 3FE) da	fective/ evised Date /2009 .ta or base flood de	AE .	(Zor Floo	ne AO, use Base od Depth)
84. Map/Panel Number 8045C-0361 B10. Indicate the so	B5. Suffix D urce of the B FIRM	Date 10/16/2009 Base Flood Elevation (E	Ef Re 10/16/ 3FE) da ined	fective/ evised Date /2009 sta or base flood de Other/Source:	AE	(Zor Floo	ne AO, use Base od Depth)
84. Map/Panel Number 8045C-0361 B10. Indicate the so FIS Profile	B5. Suffix D urce of the B FIRM on datum us	Date 10/16/2009 Base Flood Elevation (E Community Determined for BFE in Item B9:	Ef Re 10/16/	fective/ evised Date '2009 Ita or base flood de Other/Source: GVD 1929 X NA	AE pth entered in Item E VD 1988 Othe	(Zor Floo 89: r/Source:	ne AO, use Base d Depth) 20
4. Map/Panel Number 8045C-0361 310. Indicate the so FIS Profile	B5. Suffix D urce of the B FIRM on datum us ocated in a 0	Date 10/16/2009 Base Flood Elevation (Base	Ef Re 10/16/	fective/ evised Date '2009 Ita or base flood de Other/Source: GVD 1929 X NA	AE pth entered in Item E VD 1988 Othe	(Zor Floo 89: r/Source:	ne AO, use Base d Depth) 20

Danlanca all accidents addition

ELEVATION CERTIFICATE

FERRA E 000 0 00 (7/4C)

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the correspond			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, an 103 MOLLERE DRIVE	Policy Number:		
City WAVELAND		P Code 576	Company NAIC Number
SECTION C – BUILDING	ELEVATION INFORMA	ATION (SURVEY RI	EQUIRED)
C1. Building elevations are based on: Constru*A new Elevation Certificate will be required whe C2. Elevations – Zones A1–A30, AE, AH, A (with BF Complete Items C2.a–h below according to the Benchmark Utilized: USM NETWORK Indicate elevation datum used for the elevations Indicate elevation at NGVD 1929 NAVD 1988 Oth Datum used for building elevations must be the s	n construction of the build E), VE, V1–V30, V (with I building diagram specified Vertical Datum in items a) through h) belier/Source:	BFE), AR, AR/A, AR/ I in Item A7. In Puerton: NAVD 1988 OW.	VAE ARIA1 A20 ARIAH ARIAO
battam used for building elevations must be the s	arrie as that used for the	BFE.	Check the measurement used.
 a) Top of bottom floor (including basement, craw b) Top of the next higher floor c) Bottom of the lowest horizontal structural men d) Attached gazage (top of alab) 		N/AN/A	
d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment s (Describe type of equipment and location in Co	ervicing the building omments)	N/AN/A	X feet meters Reet meters
f) Lowest adjacent (finished) grade next to buildi		<u>13</u> . <u>1</u>	X feet meters
 g) Highest adjacent (finished) grade next to build h) Lowest adjacent grade at lowest elevation of d structural support 	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	13. <u>3</u> N/A.	X feet meters meters
SECTION D – SURVEYO	R ENGINEER OF ARC	CHITECT CERTIFIC	ATION
This certification is to be signed and sealed by a land so I certify that the information on this Certificate representatement may be punishable by fine or imprisonment to Were latitude and longitude in Section A provided by a	urveyor, engineer, or arc its my best efforts to inter under 18 U.S. Code, Section	hitect authorized by la pret the data availabi tion 1001.	aw to certify elevation information
Certifier's Name	License Number		
DUKE LEVY Title SURVEYOR	01722		DUKE LELY
Company Name DUKE LEVY & ASSOCIATES Address			Place Seal 722
1711 WAVELAND AVE			OK MUSCISS ?
City WAVELAND	State Mississippi	ZIP Code 39576	MISSIO
Signature	Date 05/16/2018	Telephone (228) 467-5212	
Copy all pages of this Elevation Certificate and all attachme		cial, (2) insurance age	ent/company, and (3) building owner.
Comments (including type of equipment and location, pe WO # 18-070 BENCHMARK - PK NAIL WITH A DISK IN THE CENTEI 14.90' FEET.		IVE AT AN EXISTIN	G CONCRETE DRIVE AT EL =

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

	SE	CTION A - PROPERT	Y INF	ORMATION		FOR INS	URANCE COMPANY USE
A1. Building Owner's Name DOYLE & MARY ELLEN SUMRALL Policy Number:							
 A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 103 MOLLERE DRIVE 							/ NAIC Number:
City WAVELAND				State Mississippi		ZIP Code 39576	
A3. Property Des TAX PARCEL#(scription (Lot 161F-0-02-04	and Block Numbers, T 8.000)	ax Par	cel Number, Legal [Description, etc.)		
A4. Building Use	A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL						
A5. Latitude/Long	gitude: Lat. L	J 30-17-13	Long.	W 89-21-56	Horizontal Datum	: NAD	1927 X NAD 1983
A6. Attach at leas	st 2 photograp	hs of the building if the	e Certi	ficate is being used		0.0000000000000000000000000000000000000	
A7. Building Diag	ram Number	6					
A8. For a building	with a crawls	space or enclosure(s):					
a) Square for	otage of craw	space or enclosure(s)		202 sq ft			
b) Number of	permanent fl	ood openings in the cr	awlspa	ce or enclosure(s)	within 1.0 foot above	adjacent g	rade 2
c) Total net a	rea of flood o	penings in A8.b5	20	sq in			
d) Engineered	d flood openir	ngs? 🗌 Yes 🗵 N	0				
A9. For a building	with an attacl	ned garage:					
a) Square foo	tage of attach	ned garage 0		sq ft			
		ood openings in the att			not above adjacent or	ado	0
		enings in A9.b			ot above adjacent gr		0
d) Engineered		200 <u>1</u>		_ 34 111			
dy Engineered	nood openin	gs? 🗌 Yes 🗵 N	U				
	SE	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMAT	ION	
B1. NFIP Communi		ommunity Number		B2. County Name			B3. State
WAVELAND 28526	2			HANCOCK			Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	Et R	IRM Panel ffective/ evised Date	B8. Flood Zone(s)	(Zor	e Flood Elevation(s) ne AO, use Base nd Depth)
28045C-0361	D	10/16/2009	10/16	/2009	AE		20
		ase Flood Elevation (E			pth entered in Item B	9:	
B11. Indicate eleval	ion datum us	ed for BFE in Item B9:	□ No	GVD 1929 🕱 NA	VD 1988 Other	/Source:	
B12. Is the building	located in a (Coastal Barrier Resour	ces Sy	stem (CBRS) area	or Otherwise Protecte	d Area (Ol	PA)? Tyes 🖾 No
Designation Da				□ OPA			
			,	All .			

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, gony the			Expiration Bate. November 30, 20
Building Street Address (including Art Heir Street	FOR INSURANCE COMPANY US		
Building Street Address (including Apt., Unit, Suite, 103 MOLLERE DRIVE	Policy Number:		
City WAVELAND		ZIP Code 39576	Company NAIC Number
SECTION C - BUILDIN	•		
SECTION C – BUILDIN C1. Building elevations are based on: Consi			
*A new Elevation Certificate will be required when the control of	nen construction of the bu	Building Under Construilding is complete.	
C2. Elevations – Zones A1–A30, AE, AH, A (with E Complete Items C2.a–h below according to the Benchmark Utilized: USM NETWORK	bulluling diagram specific	ed in Item A7. In Puert	'AE, AR/A1-A30, AR/AH, AR/AO. o Rico only, enter meters.
		m: <u>NAVD 1988</u>	
Indicate elevation datum used for the elevation. ☐ NGVD 1929 ☒ NAVD 1988 ☐ Of	s in items a) through h) be	elow.	
Datum used for building elevations must be the	same as that used for the	- חרר	
			Check the measurement used.
 a) Top of bottom floor (including basement, cra 	wlspace, or enclosure flo	or)15, 1	
b) Top of the next higher floor		26 2	
c) Bottom of the lowest horizontal structural me	mber (V Zones only)	 N/A	N loci
d) Attached garage (top of slab)	(* Zoneo only)	N/A	X feet meters
e) Lowest elevation of machinery or equipment	enryining the huilding	26 1	X feet meters
(Describe type of equipment and location in (Comments)		X feet meters
f) Lowest adjacent (finished) grade next to build	WHILE	<u> </u>	X feet meters
g) Highest adjacent (finished) grade next to buil		<u>14</u> . <u>5</u>	X feet meters
 h) Lowest adjacent grade at lowest elevation of structural support 	deck or stairs, including	<u>14</u> . <u>3</u>	X feet meters
SECTION D - SURVEYO	OR, ENGINEER, OR AR	CHITECT CERTIFIC	ATION
This certification is to be signed and sealed by a land I certify that the information on this Certificate represe statement may be punishable by fine or imprisonment	surveyor, engineer, or are	chitect authorized by I	
Were latitude and longitude in Section A provided by			Check here if attachments.
Certifier's Name	License Number		and the same of th
DUKE LEVY	01722		DUKE
Title SURVEYOR			STERED PROPERTY
Company Name			O Place
DUKE LEVY & ASSOCIATES			D Sear 22 2
Address 1412 LEISURE TIME DRIVE			Tro Here
DIAMONDHEAD	State Mississippi	ZIP Code 39525	19/188189
ignature	Date	Telephone	
Wist L	11/06/2018	(228) 467-5212	
opy all pages of this Elevation Cer tificate and all attachn	nents for (1) community off	icial, (2) insurance age	nt/company, and (3) building owner
omments (including type of equipment and location, p /O # 18-070 ENCHMARK - PK NAIL WITH A DISK IN THE CENTE I.90' FEET. HE LOWEST MACHINERY SERVICING THE HOME I	er C2(e), if applicable) ERLINE OF MOLLERE DF	RIVE AT AN EXISTING	

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, c	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including 103 MOLLERE DRIVE			
City WAVELAND	State Mississippi	ZIP Code 39576	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption



Photo Two

Photo Two Caption

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT	Expiration Date: November 30, 2016		
IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY U		
Building Street Address (including 103 MOLLERE DRIVE	Policy Number:		
City	State	ZIP Code	Company NAIC Number
WAVELAND	Mississippi	39576	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

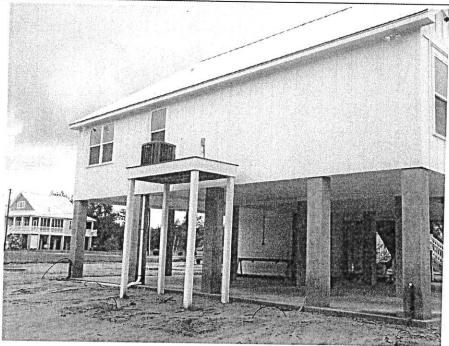


Photo One

Photo One Caption

